

**FEC FORM 3L**RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS**REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS  
AND LOBBYIST/REGISTRANT PACs**

12 JUL 13 PM 5:08

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. **12FE4M5**  
Menendez for Senate

ADDRESS (number and street) One Gateway Center, Suite 520

☐ Check if different than previously reported. (ACC) Newark NJ 07102  
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER **C** C00264564  
3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)  
4. STATE DISTRICT NJ 00  
For Candidates Only

5. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report  
☐ October 15 Quarterly Report (Q3)  
☐ January 31 Year-End Report (YE) and/or Semi-annual Report  
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report  
(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report  
(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Special (12S) ☐ Convention (12C)  
Election on  /  /  in the State of   
This report also covers the semi-annual period ☐ See Line 6(b)  
(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
Election on  /  /  in the State of   
This report also covers the semi-annual period ☐ See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
This report covers  /  /  through  /  /  and/or ☐ January 1 - June 30  
☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
 0.00  31000.00

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Palumbo  
Signature of Treasurer *John Palumbo* Date  /  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only **FEC FORM 3L**  
02/2009

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